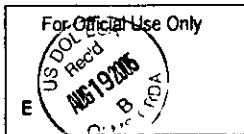


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>12021</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>THOMAS J CUNNINGHAM</u> P.O. Box, Bldg., Room No., if any <u>—</u> Street <u>254 MONAHAN AVENUE</u> City <u>STATEN ISLAND</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10314</u>	4. Name, file number, and address of labor organization. Name <u>UNITED FOOD & COMMERCIAL WORKERS</u> Labor Organization File Number <u>102042</u> <u>UNION - LOCAL 1245</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 1245</u> Street <u>275 PATERSON AVENUE</u> City <u>LITTLE FALLS</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>07424</u>
5. Position in labor organization. <u>UNION REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>BENEFIT PLAN ADMINISTRATION + BENEFIT PLAN SERVICES</u> Trade Name, if any: <u>SAME AS ABOVE</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 426</u> Street <u>390 ROUTE 202</u> City <u>MONTVILLE</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>07045</u>	7.a. Nature of Interest, Transaction, or Income. <u>HOLIDAY (CHRISTMAS) COOKIE TRAY</u> 7.b. Amount. <u>\$ 35.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Thomas J Cunningham</u>	On <u>8/12/05</u> Date <u>973-256-8480</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name H&K FINANCIAL SERVICES</p> <p>Trade Name, if any: SAME AS ABOVE</p> <p>P.O. Box, Bldg., Room No., if any NEWPORT TOWERS-SUITE 2601</p> <p>Street 525 WASHINGTON BLVD.</p> <p>City JERSEY CITY</p> <p>State NEW JERSEY ZIP Code + 4 07310</p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">DINNER</p>
	<p>11.b. Approximate dollar value of such dealing. \$125.00</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>